

**PARALEGAL SPECIALIST
DESIGNATED OFFICE
(20) 305-5463**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓		2	↓			TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		12	↓			TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS			14				TOTAL CLAIMS						